

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Securian, Inc PAC

ADDRESS (number and street) ▼

400 Robert Street North

☐ Check if different than previously reported. (ACC)

St Paul

MN

55101

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00120006

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. John Regal

Signature of Treasurer

Mr. John Regal

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Securian, Inc PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2012

To:

M M	/	D D	/	Y Y Y Y Y
11		26		2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2012</div></div>		<div><div></div><div>15970.44</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>13970.44</div></div>	
(c) Total Receipts (from Line 19) .....	<div><div></div><div>1040.00</div></div>	<div><div></div><div>5690.00</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>15010.44</div></div>	<div><div></div><div>21660.44</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>8250.00</div></div>	<div><div></div><div>14900.00</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div><div></div><div>6760.44</div></div>	<div><div></div><div>6760.44</div></div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Securian, Inc PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	1		2	0	1	2		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	6		2	0	1	2		

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

860.00

2495.00

(ii) Unitemized .....

180.00

3195.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

1040.00

5690.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

1040.00

5690.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

1040.00

5690.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

1040.00

5690.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8250.00	14900.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8250.00	14900.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8250.00	14900.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1040.00	5690.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1040.00	5690.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Securian, Inc PAC**

Full Name (Last, First, Middle Initial)

**A. Peter Berlute**

Mailing Address 400 Robert Street N

City State Zip Code  
 St. Paul MN 55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Securian Financial Group

Occupation

2nd Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 26 / 2012

Transaction ID : SA11AI.6050

Amount of Each Receipt this Period

50.00

monthly payroll deduction \$25.00

Full Name (Last, First, Middle Initial)

**B. Leslie J Chapman**

Mailing Address 400 Robert Street N

City State Zip Code  
 St. Paul MN 55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Securian Financial Group

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 26 / 2012

Transaction ID : SA11AI.6052

Amount of Each Receipt this Period

80.00

monthly payroll deduction \$40.00

Full Name (Last, First, Middle Initial)

**C. Jean Delaney Nelson**

Mailing Address 400 Robert Street North

City State Zip Code  
 St Paul MN 55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minnesota Life Insurance Co

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 26 / 2012

Transaction ID : SA11AI.6056

Amount of Each Receipt this Period

80.00

monthly payroll deduction \$40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

210.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Securian, Inc PAC**

Full Name (Last, First, Middle Initial)

**A. Sue Ebertz**

Mailing Address 400 Robert Street North

City State Zip Code  
 St Paul MN 55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Minnesota Life Insurance Co

Occupation  
 Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 26 / 2012

Transaction ID : SA11AI.6057

Amount of Each Receipt this Period

80.00

monthly payroll deduction \$40.00

Full Name (Last, First, Middle Initial)

**B. Robert Ehren**

Mailing Address 400 Robert Street N

City State Zip Code  
 St. Paul MN 55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Minnesota Life Insurance Co

Occupation  
 Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

11 / 26 / 2012

Transaction ID : SA11AI.6058

Amount of Each Receipt this Period

120.00

monthly payroll deduction \$60.00

Full Name (Last, First, Middle Initial)

**C. Craig Frisvold**

Mailing Address 400 Robert Street North

City State Zip Code  
 St Paul MN 55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Minnesota Life Insurance Co

Occupation  
 Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 26 / 2012

Transaction ID : SA11AI.6059

Amount of Each Receipt this Period

40.00

monthly payroll deduction \$20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

240.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Securian, Inc PAC

Full Name (Last, First, Middle Initial)

**A. Mark Green**

Mailing Address 400 Robert Street North

City State Zip Code  
 St Paul MN 55101

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Minnesota Life Insurance Company

Occupation  
 Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2012

Transaction ID : SA11AI.6060

Amount of Each Receipt this Period

40.00

monthly payroll deduction \$20.00

Full Name (Last, First, Middle Initial)

**B. Greg Hammerly**

Mailing Address 400 Robert Street North

City State Zip Code  
 St Paul MN 55101

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Minnesota Life Insurance Co

Occupation  
 Second Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2012

Transaction ID : SA11AI.6061

Amount of Each Receipt this Period

40.00

monthly payroll deduction \$20.00

Full Name (Last, First, Middle Initial)

**C. Paul Hirschboeck**

Mailing Address 400 Robert Street North

City State Zip Code  
 St Paul MN 55101

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Minnesota Life Insurance Co

Occupation  
 Second Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2012

Transaction ID : SA11AI.6062

Amount of Each Receipt this Period

40.00

monthly payroll deduction \$20.00

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Securian, Inc PAC**

Full Name (Last, First, Middle Initial)

## **A. Dave LePlavy**

Mailing Address 400 Robert Street North

City State Zip Code  
 St Paul MN 55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Minnesota Life Insurance Company

Occupation  
 Second Vice President & Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 26 / 2012

Transaction ID : SA11AI.6063

Amount of Each Receipt this Period

40.00

monthly payroll deduction \$20.00

Full Name (Last, First, Middle Initial)

## **B. Paul Rudeen**

Mailing Address 400 Robert Street North

City State Zip Code  
 St Paul MN 55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Minnesota Life Insurance Co

Occupation  
 Second Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 26 / 2012

Transaction ID : SA11AI.6066

Amount of Each Receipt this Period

40.00

monthly payroll deduction \$20.00

Full Name (Last, First, Middle Initial)

## **C. Bruce Shay**

Mailing Address 400 Robert Street North

City State Zip Code  
 St Paul MN 55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Minnesota Life Insurance Co

Occupation  
 Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 26 / 2012

Transaction ID : SA11AI.6067

Amount of Each Receipt this Period

80.00

monthly payroll deduction \$40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

160.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Securian, Inc PAC**

Full Name (Last, First, Middle Initial)

**A. Mary Anne Smith**

Mailing Address 400 Robert Street North

City State Zip Code  
 St Paul MN 55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Minnesota Life Insurance Co

Occupation  
 Second Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 26 / 2012

Transaction ID : SA11AI.6068

Amount of Each Receipt this Period

50.00

monthly payroll deduction \$25.00

Full Name (Last, First, Middle Initial)

**B. Nancy Winter**

Mailing Address 400 Robert Street North

City State Zip Code  
 St Paul MN 55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Minnesota Life Insurance Company

Occupation  
 Second Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 26 / 2012

Transaction ID : SA11AI.6070

Amount of Each Receipt this Period

80.00

monthly payroll deduction \$40.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.00

860.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Securian, Inc PAC**

Full Name (Last, First, Middle Initial)

**A. AMERICAN COUNCIL OF LIFE INSURANCE, LIFE INSURANCE PAC**

Mailing Address 1001 PENNSYLVANIA AVE NW

City  
WASHINGTONState  
DCZip Code  
20004Purpose of Disbursement  
Year to date aggregate \$5,000.00Candidate Name  
AMERICAN COUNCIL OF LIFE INSURANCE, LIFE INSURANCE PACOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2012

**Transaction ID : SB23.6073**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. CRAVAACK FOR CONGRESS CAMPAIGN COMMITTEE**

Mailing Address PO BOX 951

City  
NORTH BRANCHState  
MNZip Code  
55056

Purpose of Disbursement

Candidate Name  
CRAVAACK FOR CONGRESS CAMPAIGN COMMITTEEOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2012

**Transaction ID : SB23.6072**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. HRCC**

Mailing Address 161 St. Anthony Avenue #950

City  
St. PaulState  
MNZip Code  
55103

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2012

**Transaction ID : SB23.6075**

Amount of Each Disbursement this Period

750.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6750.00
---------

--

	21b		22	<b>X</b>	23		24		25		26
	27		28a		28b		28c		29		30b

Securian, Inc PAC

### A. Minnesota House DFL Caucus

Date of Disbursement

Diagram showing three different connector types: a 10-pin connector (labeled 10), a 24-pin connector (labeled 24), and a 2012-pin connector (labeled 2012).

Transaction ID : SB23.6077

Category/  
Type

Disbursement For: 2012

☒ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period



750.00

### B. Senate Victory PAC

Date of Disbursement

Transaction ID : SB23.6076

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

750.00

**C.**

Date of Disbursement

Amount of Each Disbursement this Period


Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

1500.00

8250.00